DEPARTMENT OF THE NAVY
NAVAL SCHOOL OF HEALTH SCIENCES
BETHESDA, MARYLAND 20889-5612

IN REPLY REFER TO:
NSHSBETHINST 6260.1
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MAY 15 [illegible]

NSHS BETHESDA INSTRUCTION 6260.1

From: Commanding Officer

Subj: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Ref: (a) 29 CFR Part 1910.1030 - Bloodborne Pathogens Standard
(b) NSHSBETHINST 1500.6C
(c) NNMCINST 11350.1A
(d) NSHSBETHINST 5100.1K
(e) OPNAVINST 5100.23E

Encl: (1) Bloodborne Pathogen Exposure Control Plan

1. Purpose. To implement the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen (BBP) Standard and establish responsibilities and procedures for a Bloodborne Pathogen Exposure Control Plan for the Naval School of Health Sciences (NSHS), Bethesda, Maryland per references (a) through (e).

2. Background. The principal bloodborne pathogens of concern in this instruction are Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV). Many others exist, but generally are not occupationally transmitted in significant numbers. Due to the rapid spread of Acquired Immune Deficiency Syndrome (AIDS), and its precursor HIV, and to counter HBV, OSHA generated the bloodborne pathogens standard to protect people from occupational exposures to all bloodborne pathogens.

3. Policy. NSHS Bethesda personnel must take necessary actions to eliminate or minimize all exposure to bloodborne pathogens during the performance of their duties. NSHS Bethesda will institute as many engineering and work practice controls as possible to eliminate or minimize staff, student and visitors exposure to bloodborne pathogens.

4. Action. All NSHS Bethesda personnel shall comply with the Exposure Control Plan outlined in enclosure (1).

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Distribution:
Lists I and II

NSHSBETHINST 6260.1
MAY 15

NAVAL SCHOOL OF HEALTH SCIENCES
BETHESDA, MARYLAND
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

References: (a) 29 CFR Part 1910.1030 - Bloodborne Pathogens
(b) NSHSBETHINST 1500.6C
(c) NSHSBETHINST 5100.1K
(d) OPNAVINST 5100.23E
(e) NNMCINST 11350.1A
(f) NSHSBETHINST 5102.1B

1. Purpose

a. The principal bloodborne pathogens of concern in this instruction are Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV). Many others exist, but generally are not occupationally transmitted in significant numbers. Due to the rapid spread of Acquired Immune Deficiency Syndrome (AIDS), and its precursor HIV, and to counter HBV, the Occupational Safety and Health Administration (OSHA) generated the bloodborne pathogens standard to protect people from occupational exposures to all bloodborne pathogens.

b. The diseases associated with aforementioned pathogens are preventable when the appropriate precautions are taken. Exposures most often occur through needlestick and/or sharp injuries and through direct contact between mucous membranes with contaminated blood and/or other potentially infectious materials (OPIM) in the course of patient contact in the workspace. Exposure potential for NSHS staff occupying administrative positions and students attending non-clinical training courses is minimal. Additionally, the potential for exposure in the didactic phase of those clinical training courses offered by the Technical Training Directorate and Nurse Corps Anesthesia Program is minimal, but does exist during demonstration and performance of certain clinical skills. The potential for contact with contaminated body fluids increases dramatically when students, instructors and supervisory staff enter the clinical phase of the training programs.

c. This exposure control plan is established in order to minimize and when possible, to prevent the exposure of students and staff to disease-causing microorganisms transmitted through blood and/or OPIM. All personnel who perform procedures during which it is reasonable to anticipate that they will have skin,

eye, mucous membrane, or parenteral contact with blood or OPIM is included in this program.

2. **GENERAL PROGRAM MANAGEMENT**

a. **Responsible Persons**. There are five categories of responsibility that are central to the effective implementation of the NSHS BBP Exposure Control Plan. The following sections define the roles played by each of these groups in carrying out our plan. Throughout this written plan, employees with specific responsibilities are identified as follows:

(1) **COMMANDING OFFICER** (via Command Safety Committee)

The Commanding Officer is responsible for the implementation of the plan and providing resources necessary to support the program.

(2) **COLLATERAL DUTY SAFETY OFFICER**

The Collateral Duty Safety Officer will:

(a) ensure the BBP Exposure Control Plan is current and updated as directed.

(b) maintain Occupational Injury logs per reference (d).

(c) oversee all aspects of the program.

(3) **DIRECTORATES, DEPARTMENT HEADS AND SUPERVISORS**

Directorates, Department Heads and Supervisors will:

(a) ensure their respective staff or students receive required BBP training.

(b) ensure their respective staff or students use the proper personal protective equipment when working with blood or OPIM.

(c) ensure that directorate and departmental policies and procedures are in compliance with this plan.

(4) **COMMAND TRAINING OFFICER**

The Command Training Officer will:

(a) ensure all identified staff personnel receive initial training and annual refresher training as required per references (a) through (d).

(b) document completion of training in the SPMS training record for staff personnel.

(5) **STAFF AND STUDENTS**

The staff and students will:

(a) know what tasks they perform that have occupational exposure.

(b) attend bloodborne pathogens training sessions.

b. **Availability of the Exposure Control Plan to Staff and Students**. The NSHS Bethesda Exposure Control Plan is available to staff and students at any time. Staff and students are advised of this availability during their education/training sessions.

c. **Review and Update of the Plan**. The BBP Exposure Control Plan will be reviewed and updated, if needed, by the Command Safety Committee annually or as needed.

3. **EXPOSURE DETERMINATION**. The following groups of personnel (job categories) assigned to the Naval School of Health Sciences have a reasonable likelihood of occupational exposure during the performance of some of their duties:

a. Medical Photographers and Medical Media Production Technicians when working in a clinical setting.

b. Technical Training Directorate (TTD) Instructors (Nuclear Medicine, Cardiovascular, Cytotechnology, Electroneurodiagnostic and Medical Laboratory (Advanced) "C" schools) conducting training in a laboratory and/or clinical settings.

c. TTD students participating in laboratory and/or clinical settings.

d. Aforementioned personnel will wear personal protective equipment (PPE) when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles of PPE to be worn will be dependent on the expected exposure. The following is a list of examples of recommended PPE for various tasks:

Task or Activity	Disposable Gloves	Gown	Mask	Protective Eyewear
Blood drawing	Yes	No	No	No
Starting an IV	Yes	No	No	No
Measuring blood pressure	No	No	No	No
Measuring temperature	No	No	No	No
Giving an injection	No	No	No	No

4. **METHODS OF COMPLIANCE**

a. **Universal Precautions**. All blood or OPIM will be handled as if contaminated by a bloodborne pathogen.

b. **Engineering Controls**

(1) **Handwashing Stations**. Sinks supplied with antiseptic hand cleanser dispensers will be located in all work spaces where exposure is possible.

(2) **Sharps/Specimen Containers**. Color coded or labeled with a biohazard warning label, puncture-resistant sharps and specimen containers will be used in those work areas where blood or OPIM is handled.

c. **Work Practice Controls**

(1) Work Practice Controls will be used to help eliminate or minimize staff/student exposure to bloodborne pathogens. Each department head is responsible for overseeing the implementation of below discussed Work Practice Controls.

(2) The following Work Practice Controls will be closely adhered to in all work areas with BBP exposure potential:

(a) Appropriate handwashing will be practiced diligently. Whenever hands become contaminated, they will be

washed thoroughly using soap and water. Hands will also be washed as soon as possible after removing gloves.

(b) Contaminated sharps must be discarded immediately in a proper type sharps container. Full sharps containers will be disposed of per guidance set forth in reference (e). At a minimum, sharps containers shall be disposed of when 3/4 full or after 90 days.

(c) Eating, drinking, smoking, applying cosmetics and handling contact lenses is prohibited in work areas where there is potential for exposure to BBP.

(d) All procedures involving blood or OPIM should be designed to minimize splashing, spraying or other actions generating droplets of these materials.

(e) New staff and students will receive specific BBP training for the work areas they are assigned to.

d. **Personal Protective Equipment (PPE)**. PPE is the "last line of defense" against bloodborne pathogens. NSHS Bethesda will provide appropriate PPE and training on the proper use of specific PPE, to all staff and students to protect themselves against BBP exposure. This equipment includes:

(1) Gloves
(2) Gowns
(3) Lab Coats
(4) Face Shields
(5) Goggles or Safety Glasses

e. **Housekeeping**

(1) The workplace will be maintained in a clean and sanitary condition. All surfaces, equipment, and disposable instruments used in spaces where instructional activities or procedures produce risk for exposure to BBP shall be cleaned and disinfected using a 1:10 bleach solution or EPA registered approved germicide.

(2) Any small spill of blood or other bodily fluid shall be wiped up immediately using a disposable wipe. The area will then be disinfected using 1:10 bleach solution or EPA registered approved germicide.

(3) Any large spill will be contained and removed using blood spill kits located in the laboratory areas.

(4) Regulated/infectious waste generated during above housekeeping procedures will be disposed of in an approved biohazard disposal bag and removed per reference (e).

5. HEPATITIS B VACCINATION, POST-EXPOSURE EVAL AND FOLLOW-UP

a. Vaccination Program

(1) For staff and student protection from the possibility of Hepatitis B infection, the Hepatitis B vaccine is available, at no cost, to all staff/students who have occupational exposure to bloodborne pathogens. Vaccine is available at NNMC's Occupational Health - Military Medicine Clinic.

(2) To ensure all staff and students are aware of the vaccination program, it will be thoroughly discussed during initial and annual BBP training.

b. Post-Exposure Evaluation and Follow-up

(1) An exposure incident is a specific eye, mouth, other mucous membrane, or parenteral contact with blood or OPIM that results from the performance of an individual's duties. An occupational exposure to a BBP should be regarded as an urgent medical concern and exposed individuals should seek immediate medical attention for such exposure.

(2) When an exposure incident occurs onboard the NNMC compound to an NSHS staff member or student, the individual involved will report the exposure immediately to their immediate supervisor or class advisor. The supervisor/class advisor will:

(a) Provide information regarding the source of the specimen involved and the infectious state of the source host if known, to the individual reporting exposure.

(b) Direct individual to immediately report to the Military Family Health Center (MHFC), NNMC, Bldg 7, during normal work hours (Monday - Friday, except holidays from 0730 - 1700). After-hours, individuals should be directed to report to the NNMC Emergency Room. The MFHC/ER will evaluate the incident and order the appropriate lab test if needed, provide counseling and schedule any follow-up appointments.

(c) The supervisor/class advisor must complete a Supervisor Report of Injury/Illness (NSHS BETH Form 5100/1) per

reference (f). This form must be forwarded to the Collateral Duty Safety Officer for documentation and follow-up.

(3) When exposure incident occurs at a distant clinical site (not onboard NNMC compound), exposed individual (NSHS military staff/student personnel only) are to report as required per policies of the supervising institution. The exposed individual must then report back to NSHS and then to MHFC (or ER) for appropriate medical care and surveillance. Supervisor/Class Advisor for exposed individual should complete a Supervisor Report Injury/Illness (NSHS BETH Form 5100/1) and forward to the Collateral Duty Safety Officer for documentation and follow-up.

6. **LABELS AND SIGNS**. Per references (a) and (e), all blood and OPIM will be transported, stored and disposed of in a proper biohazard container. All such containers shall be clearly labeled and color-coded. Aforementioned blood and OPIM is considered to be regulated medical waste and will be disposed of in red biohazard bags. Bags, when full will be placed inside another red biohazard bag. The bags are then placed into a rigid cardboard container labeled with the universal biohazard symbol and the word "BIOHAZARD." Full sharps containers will also be doubled bagged and disposed of per above described procedure. All regulated medical waste will be transported to the Decontamination Division of the Sterile Processing Department, located in the basement of Building 9, NNMC for further processing. Regulated medical waste generated during student lab sessions in the Technical Training Directorate may be held for seven (7) days without refrigeration. However, every attempt should be made to move full biohazard containers within 72 hours. Regulated medical waste should be maintained in a nonputrescent state, using refrigeration when necessary. Full biohazard containers will remain on station in locked lab spaces until ready for transport to Building 9, NNMC.

7. **INFORMATION AND TRAINING**

a. **Training**

(1) To eliminate or minimize staff/student exposure to bloodborne pathogens, all individuals within the command will receive initial BBP training during command orientation.

(2) Staff will receive annual update/refresher training on BBP practices.

(3) In-depth, departmental specific BBP training will be provided to those staff/student personnel who are at risk due to their required job functions.

(4) The Command Training Officer is responsible for coordinating training for all employees who have potential exposure to bloodborne pathogens. Records of such training will be maintained by the Command Training Officer.

b. **Training Topics**

(1) Topics to be covered during initial, departmental specific and annual refresher include:

(a) The Bloodborne Pathogens Standard.

(b) The epidemiology and symptoms of bloodborne diseases.

(c) The modes of transmission of bloodborne pathogens.

(d) NSHS Bethesda Exposure Control Plan and where to obtain a copy.

(e) Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.

(f) Selection and use of personal protective equipment.

(g) Visual warnings of biohazards.

(h) Cleanup of regulated medical waste spills and use of spill kits.

(i) Information on the Hepatitis B Vaccine.

(j) Procedures to follow if an exposure incident occurs.